

Name  
in  
Full

Mrs Margaret Bruey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Stephen Bruey			
Father's Name	Wm. Estel			Father's Birthplace	Do not know
Mother's Maiden Name	Maj Brant			Mother's Birthplace	Do not know
Name of person giving information	Daughter			How related to deceased	—

CAUSES OF DEATH

45°

How long

PHYSICIAN  
OR CORONER

Primary

Concussion.

Immediate

Concussion

How long

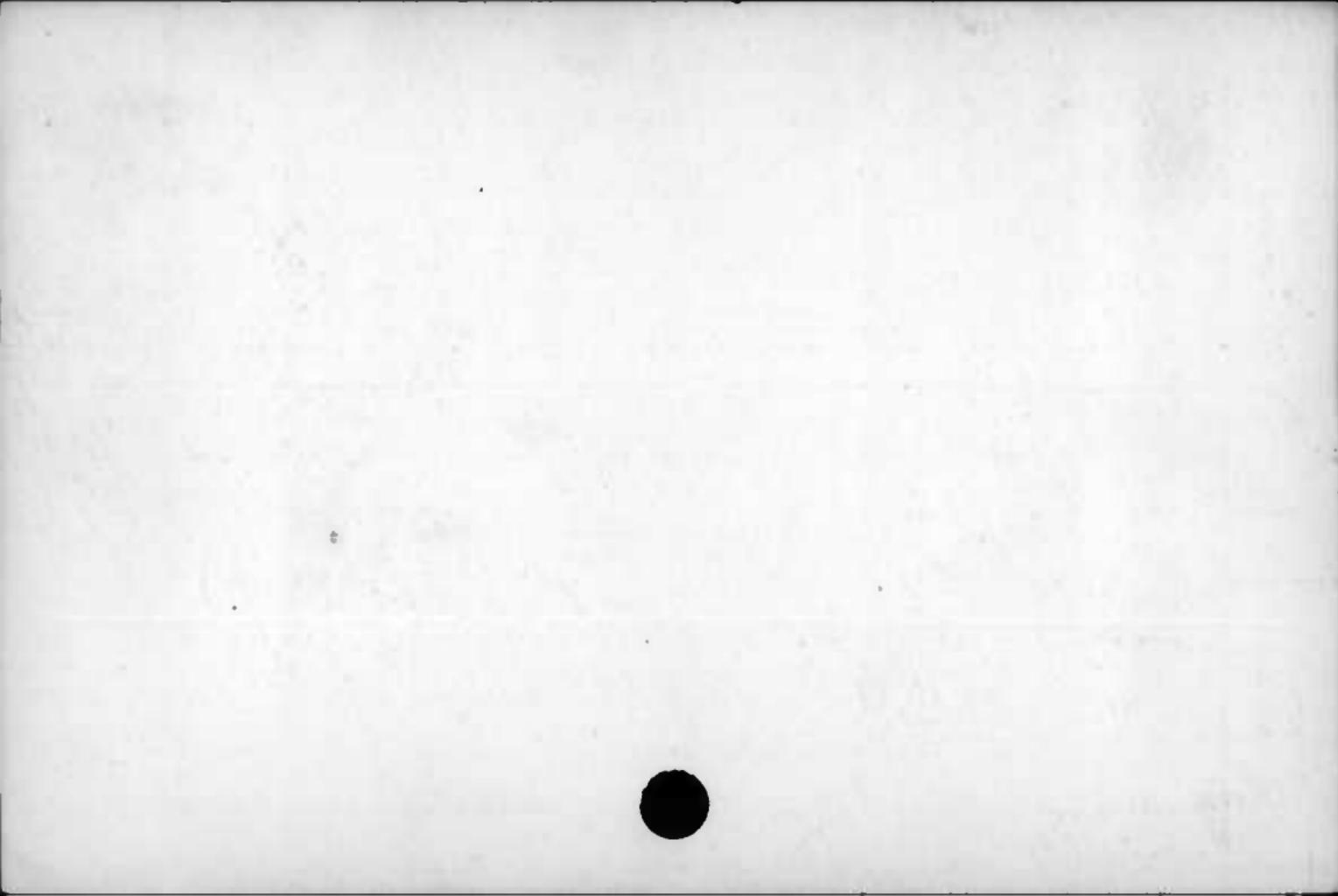
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. Cathleen Bruey  
Oakland, Md.

Accident or Suicide?



Name  
in  
Full

Infant child of Alexander Georg & wife

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at Hayes	Gorrett				
Date of death 1907 Aug -	Month Day 19	Age	Years	Months	Days 6 hours
Sex Male	Color or Race white	Birth-place Hayes MD			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Accidented	
Father's Name Alexander Georg			Mother's Birthplace	Bittungersburg	
Mother's Maiden Name Katie Bittel			How related to deceased	To her	
Name of person giving information	Alexander Georg		151		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature birth 7 1/2 mo

Immediate

Premature birth

Are the name, age, sex, color, date and place correctly given above?

yes

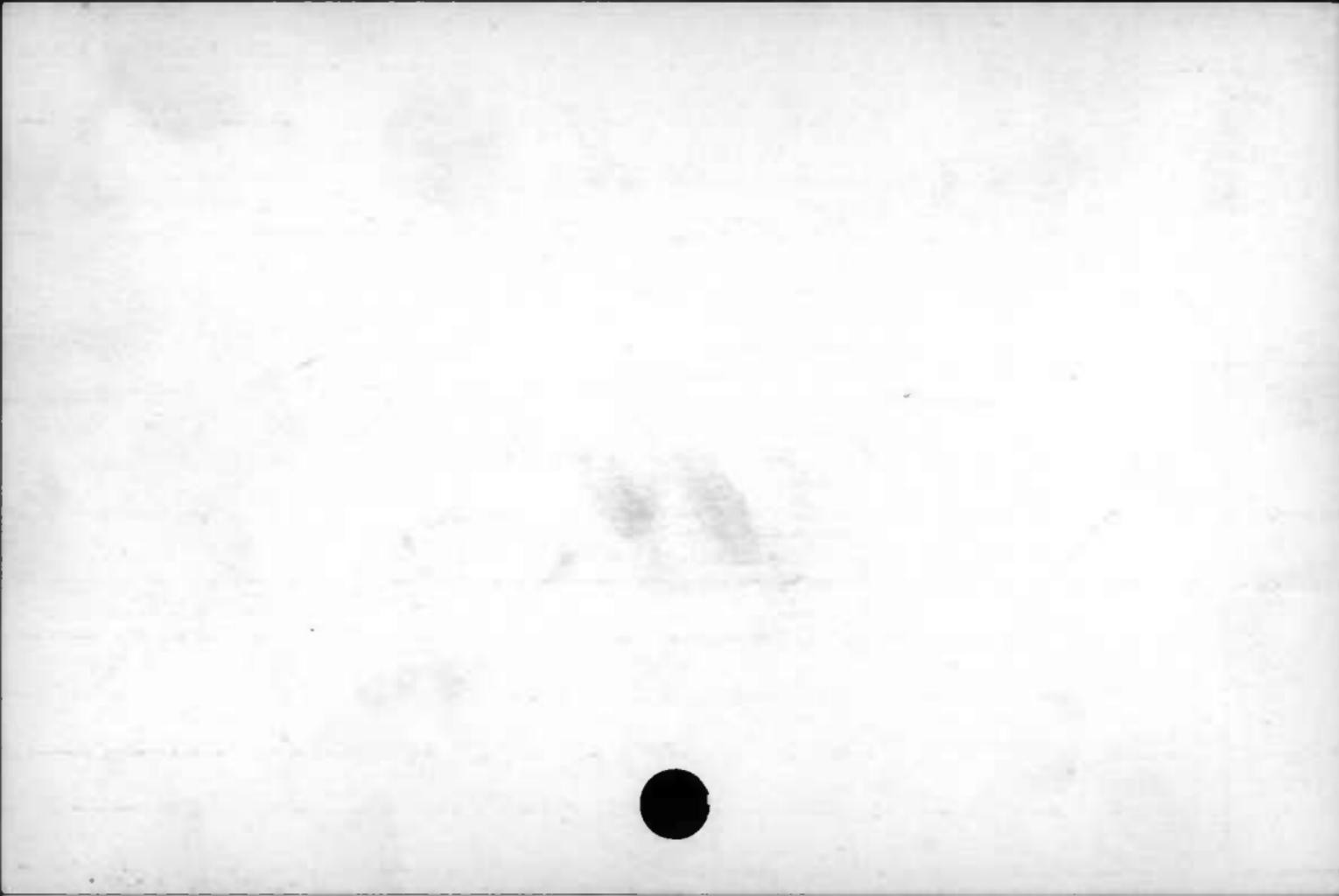
Signature of Physician

H.R. Boyer MD

Address

Accidented MD

Accident or Suicide?



Name  
in  
Full

Gustave A. Herrmann

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Mountain Lake Park	County	Garrett		
Date of death	Month	Day	Years	Months	Days
1907	Aug	19	Age 34		
Sex	Male	Color or Race	White	Birth- place	Baltimore, Md
Occupation	Musician		Where Residing if not at place of death	Baltimore, Md	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John M. Herrmann		Father's Birthplace	Germany	
Mother's Maiden Name	Carrie M. Eckhardt		Mother's Birthplace	Germany	
Name of person giving Information	Edwin W. Herrmann		How related to deceased	Brother	

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Chronic Nephritis

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

McGraw,  
Cassade, Md

Accident or Suicide?

Sutton  
WVa

Name  
in  
Full

Richard Lovell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Dato of death 1907	Month Aug	Day 19	Years	Months	Days
Sex Male	Color or Race White	Age 75	Birth- place Webster Spring		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name R G Lovell	Father's Birthplace # W Va				
Mother's Maiden Name Bassie Coggs	Mother's Birthplace W Va				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Parasites

How long

Immediate

How long

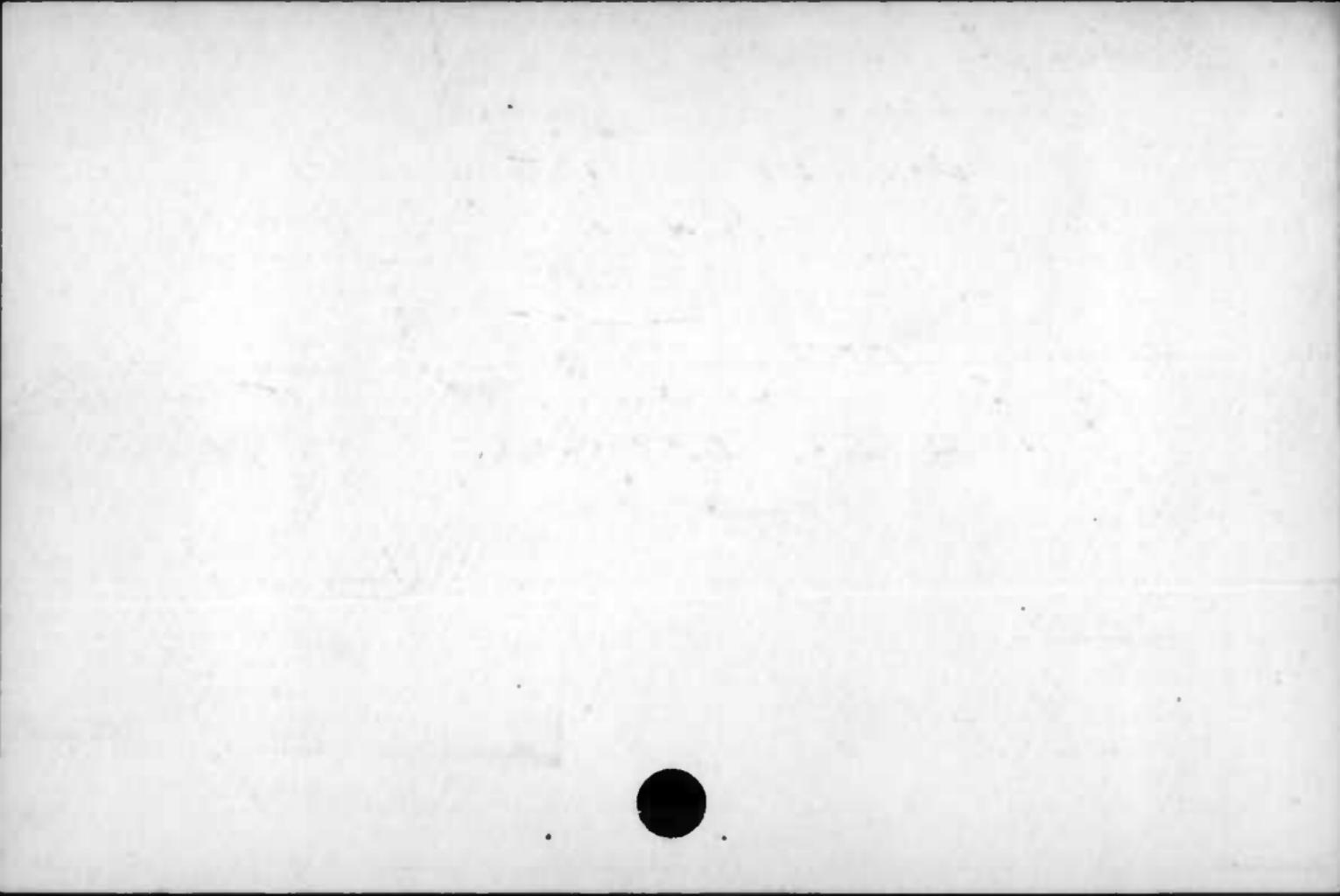
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

H H Coggs,  
Oakland,  
Md.

Accident or Suicide?



Name  
in  
Full

Sarah Margaret McKenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		Garrett Co.		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1907 Aug	7	5	63			
Sex	Color or Race		White		Birth-place	
Female					Garrett Co	
Occupation	Where Residing if not at place of death					
Housewife						
Married, Single or Widowed	Name of Wife or Husband		Francis McKenzie			
Widowed	Henry Garlitz		Father's Birthplace Don't Know			
Father's Name						
Mother's Maiden Name	Lily McKenzie		Mother's Birthplace Don't Know			
Name of person giving Information	George McKenzie		How related to deceased Son			

CAUSES OF DEATH

Primary: Chronic Bright's Disease - several years

120

How long

How long

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

P.L. Conroy M.D.  
Frostburg Md.

Accident or Suicide?

G. Allen

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

9

Joseph Martin				CERTIFICATE OF DEATH			
Died at	Town		County		MARYLAND		
Oakland			Garrett				
Date of death	Month	Day	Years	Months		Days	
1907	Aug.	17	66				
Sex	Color or Race		Where Residing if not at place of death				
Male	White		Oakland		Freeland		
Occupation	Name of Wife or Husband						
Liverman	Sarah Martin						
Married, Single or Widowed	Name of Wife or Husband						
Married	Sarah Martin						
Father's Name	Place Deceased						
Robert Keen							
Mother's Maiden Name	Place Deceased						
11	11						
Name of person giving information	How related to deceased						
W. G. Pinebaugh	Son-in-law						

CAUSES OF DEATH

Primary

Kick in abdomen

179

How long

Immediate

Peritonitis

3 days

Are the name, age, sex, color, date and place correctly given above?

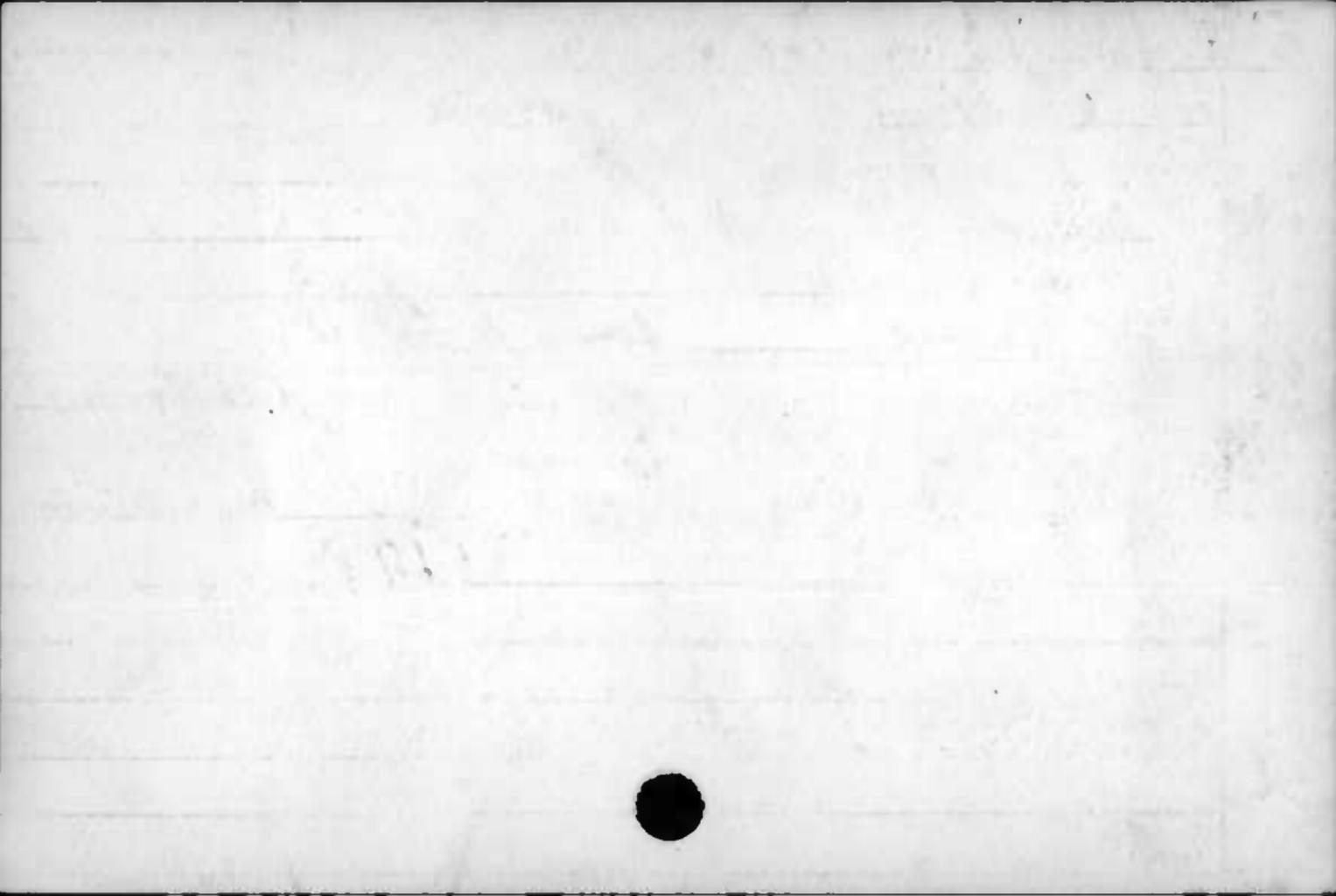
Signature of Physician

Address

McNewbaugh  
Oakland  
Md

Accident or Suicide?

Accident



Name  
in  
Full

Lulu Belle Plotter.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Aug	Day 5	Age 2	Years	Months 0
Sex Female	Color or Race White	Occupation Infant	Birth-place Pittingsburg	Days 2	
Married, Single or Widowed	Dauphin				
Name of Wife or Husband	Infant				
Father's Name	Charley Plotter		Father's Birthplace	Pittingsburg	
Mother's Maiden Name	Jane Durst		Mother's Birthplace	Maryland	
Name of person giving Information	John Miller		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

106

How long

4 day

Immediate

Cholera

4 day

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

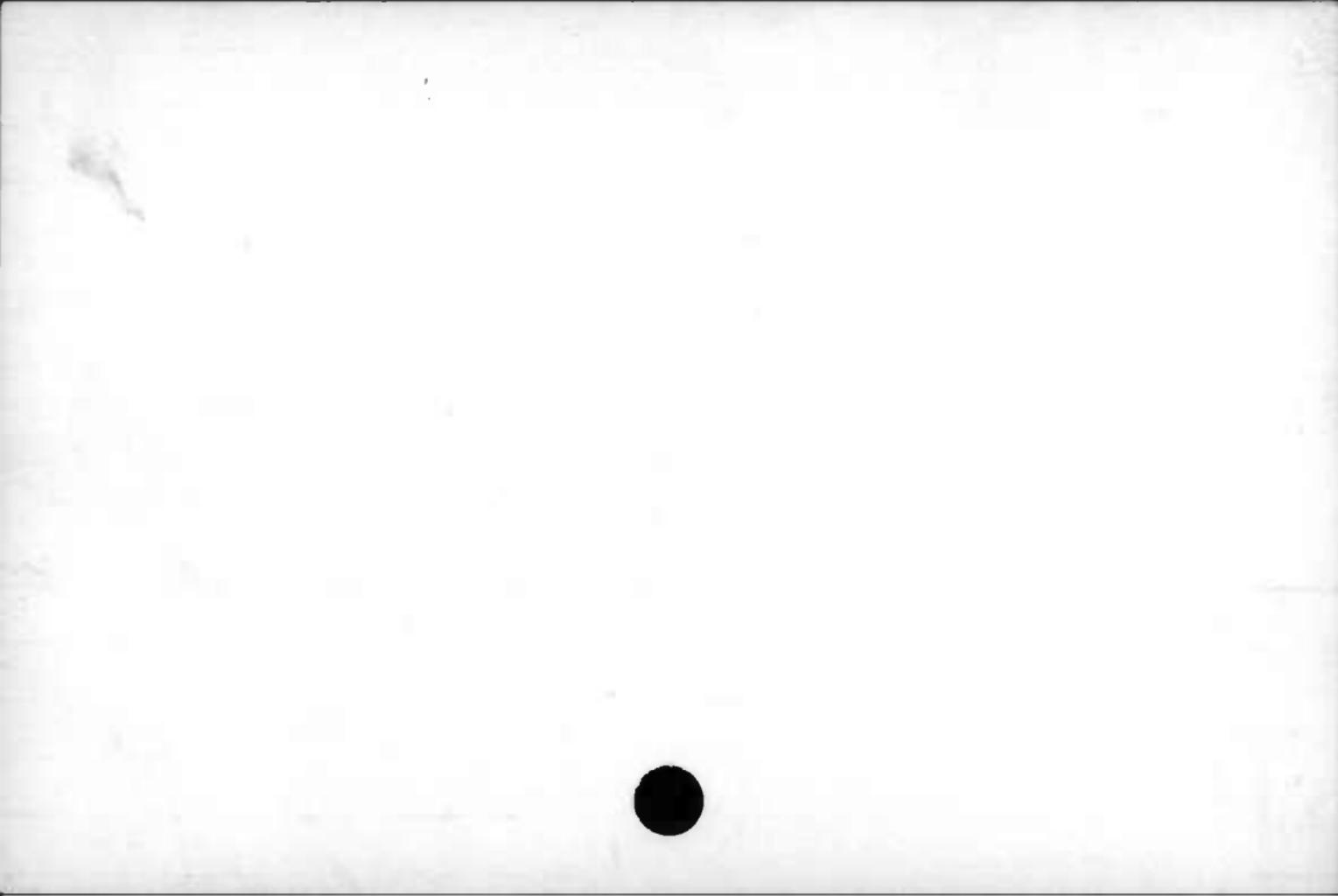
H. P. Robinson

Baltimore

Garrison Md.

Accident or Suicide?

DS



Name  
in  
Full

Annie Savage

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Kendall	Town	County	MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	House wife					
Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Wm H Savage	Father's Birthplace	W Va	
Father's Name	Robert Sterling					
Mother's Maiden Name	Elizabeth Sister					
Name of person giving information	Wm H Savage					
How related to deceased	husband					

CAUSES OF DEATH

27

How long

4 months

How long

4

Primary  
Tuberculosis

Immediate  
Ulceration of Stomach

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. J. Mason, M.D.  
Kensville  
Md.

Accident or Suicide

Blooming Rose

Name  
in  
Full

Robert B. Tice

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Stoyn</u>		Town <u>Town</u> County <u>Garrison</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>18</u>	Years <u>20</u>	Months <u>11</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>			
Occupation <u>Miner</u>	Where Residing if not at place of death <u>Stoyn</u>				
Married, Single or Widowed	Name of Wife or Husband	None			
Father's Name	<u>Elmer Tice</u>				
Mother's Maiden Name	<u>Pated Will</u>				
Name of person giving information	<u>W.L. Dinkwater</u>				

CAUSES OF DEATH

27

How long

year

How long

6 days

Primary

Consumption

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

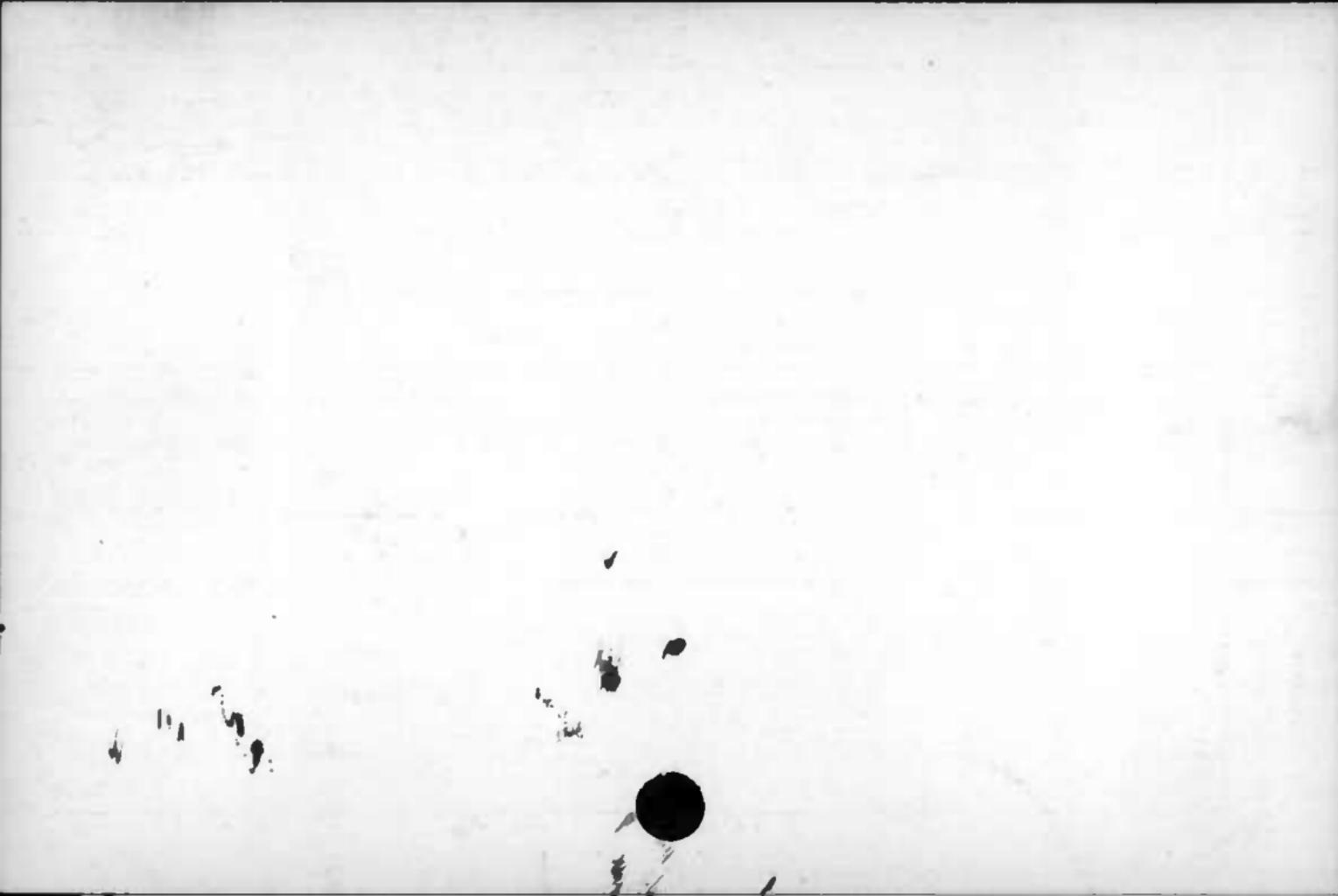
W.L. Dinkwater

Gormania

W.Va.

Accident or Suicide?

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

I

Selney Lucele Vedy

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907	Month Aug	Day 18	Age	Months	Days
Sex Female	Color or Race White	Birth-place Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ralph M Vedy Pa				
Mother's Maiden Name	Catharine O Burk W. Va				
Name of person giving information	catharine Vedy Mother				
CAUSES OF DEATH					
Primary	Premature				
Immediate	151				
Are the name, age, sex, color, date and place correctly given above?	How long				
yes	18 days				
Signature of Physician	H. Mason MD				
Address	7 reedsdale rd				
Accident or Suicide?	nd				

Steal grave yard

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George & Yommer				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Tanner			Where Residing if not at place of death	Jenings		
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Yommer	Father's Birthplace	Germany		
Father's Name	John Yommer			Mother's Birthplace	Germany		
Mother's Maiden Name	Do not know			How related to deceased	Mother		
Name of person giving information	John Miller						

CAUSES OF DEATH

79

How long

How long

Primary Asthma Mital & Cough regurgitation 8 months

Immediate Diphtheria and Anemia 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Address

K. O. Robinson  
Grantsville

Accident or Suicide? No

